

Louisiana Medicaid
Quantity Limit and Maximum Daily Morphine Milligram Equivalent (MME)
Criteria for Narcotic Analgesics

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request authorization to override maximum quantity limits **AND/OR** maximum cumulative daily morphine milligram equivalent (MME) limits.

With the exception of Abstral®, Actiq® and Fentora®, **prescriptions for recipients receiving narcotic analgesics with a diagnosis code indicating cancer, palliative end-of-life care, second and third degree burns and corrosions, or sickle-cell crisis are not subject to a quantity limit OR maximum cumulative daily MME.** *NOTE:* Even if quantity limits and/or maximum daily MME are bypassed with these diagnoses, a non-preferred product will still require prior authorization.

Table 1. Diagnosis Codes That Bypass Narcotic Analgesic Quantity Limits or Maximum Daily MME

Diagnosis Description	Diagnosis Code
Cancer	C00*-C96*
Palliative End-of-Life Care	Z51.5
Second- or Third-Degree Burns or Corrosions	T20.2*-T20.3*, T20.6*-T20.7*, T21.2*-T21.3*, T21.6*-T21.7*, T22.2*-T22.3*, T22.6*-T22.7*, T23.2*-T23.3*, T23.6*-T23.7*, T24.2*-T24.3*, T24.6*-T24.7*, T25.2*-T25.3*, T25.6*-T25.7*
Sickle-Cell Crisis	D57.0*, D57.21*, D57.41*, D57.81*

* Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10 diagnosis code

Quantity Limits and Maximum Cumulative Daily Morphine Milligram Equivalent (MME) Limits

- Quantity limits for short-acting narcotic analgesics are based upon the recipient's recent history of opioid use and a 7-day supply. Quantity limits for long-acting narcotic analgesics are based upon a 30-day supply.
- The MME is a value assigned to each opioid to represent the potency of that opioid using morphine as the standard for comparison. For more information on MME, please visit https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf. The maximum cumulative daily MME for all concomitant opioid medications is limited to 90 MME per day.

Approval Criteria to Exceed Maximum Quantity Limit or Maximum Cumulative Daily MME:

ALL of the following are required:

- **ONE** of the following is required and is stated on the request:
 - The recipient has had a *positive response to the requested therapy* as evidenced by an improvement in function and/or signs and symptoms of pain, *without evidence of adverse effects, abuse, or dependence; AND*
 - The recipient *is currently taking the requested dosage and quantity; OR*
 - The recipient *has taken the requested dosage and quantity in the past; OR*
 - The recipient had a *partial but inadequate response* to the requested medication *at a lower dosage and quantity AND ALL* of the following:
 - Medication *non-adherence was ruled out* as a reason for the inadequate response; **AND**
 - The recipient *tolerated the medication at the lower dosage; AND*
 - There was *no evidence of adverse effects, abuse, or dependence* at the lower dose; **AND**

- The *medication quantity and dose, as requested, are necessary for this patient; OR*
- The recipient *has not previously used this medication*; however, the prescriber is *citing references* for supporting quantity limit exception with this request (for example, a peer-reviewed journal article demonstrating the safety and efficacy of the requested dose for the indication); **AND ALL** of the following:
 - The requested quantity and dosing are supported in the accepted medical compendia; **AND**
 - The *medication quantity and dose, as requested, are necessary for this patient; OR*
- Concomitant narcotic analgesic therapies may **OR** may not exceed individual quantity limits, but the total daily MME exceeds the maximum cumulative daily MME limit; **AND**
 - The *recipient is currently being treated with the requested cumulative daily MME with a positive response to treatment* as evidenced by an improvement in function and/or signs and symptoms of pain, *without evidence of adverse effects, abuse, or dependence*; **OR**
 - The recipient is *not currently being treated with the requested cumulative daily MME*, but the addition of new therapy causes the cumulative daily MME to exceed the maximum cumulative daily MME limit, and *the requested cumulative daily MME is necessary for this patient*; **AND**
- The total daily dose of the requested medication cannot be achieved with a lower quantity of a higher strength that does not exceed the quantity limit (e.g. two 25mcg/hr patches should not be used to build a 50mcg/hr dose when a 50mcg/hr patch is available); **AND**
- By submitting the authorization request, the prescriber attests to the following:
 - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
 - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
 - The recipient has no inappropriate concomitant drug therapies or disease states.

Renewal Approval Criteria to Exceed Maximum Quantity Limit or Maximum Morphine Milligram Equivalent Dose (MME) [BOTH are required]:

- The recipient continues to meet initial approval criteria; **AND**
- The prescriber states on the request that the recipient has had a *positive response to treatment* as evidenced by an improvement in function and/or signs and symptoms of pain, *without evidence of adverse effects, abuse, or dependence*.

Duration of Authorization Approval for Override of the Quantity Limit AND/OR MME Limit

Initial and reauthorization approval for non-cancer diagnosis for long-term care recipients: 6 months
Initial and reauthorization approval for non-cancer diagnosis: 4 months

Additional edits may apply at Point-of-Sale (POS). Override options may be available. For more information, refer to the Louisiana Department of Health Pharmacy Benefits Management Services Manual at <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf>

Table 2. Narcotic Analgesic Quantity Limits

Short-Acting Quantity Limits by Generic			
No Opioid Claim in Previous 90 days		Opioid Claim in Previous 90 days	
Description	7-day Quantity Limit	Description	30-day Quantity Limit
Codeine/Acetaminophen	28 units	Codeine/Acetaminophen	Not Addressed
Benzhydrocodone/Acetaminophen	28 units	Benzhydrocodone/Acetaminophen	45 units
Fentanyl Buccal/Sublingual Lozenge/Tablet	Not Addressed	Fentanyl Buccal/Sublingual Lozenge/Tablet	120 units
Hydrocodone/Acetaminophen	28 units	Hydrocodone/Acetaminophen	45 units
Hydrocodone/Ibuprofen	28 units	Hydrocodone/Ibuprofen	30 units
Hydromorphone	28 units	Hydromorphone	45 units
Meperidine	28 units	Meperidine	45 units
Morphine	28 units	Morphine	45 units
Oxycodone	28 units	Oxycodone	45 units total
Oxycodone/Acetaminophen	28 units	Oxycodone/Acetaminophen	
Oxycodone/Aspirin	28 units	Oxycodone/Aspirin	
Oxycodone/Ibuprofen	14 units	Oxycodone/Ibuprofen	
Oxymorphone	28 units	Oxymorphone	45 units
Tapentadol	28 units	Tapentadol	45 units
Tramadol	28 units	Tramadol	45 units
Tramadol/Acetaminophen	28 units	Tramadol/Acetaminophen	40 units
Oral Opioid Liquid Formulation Quantity Limits if No Opioid Claim in Previous 90 days			
All oral opioid liquid products have a quantity limit of 6 ounces (180ml) or a 7-day supply (whichever is less) if there is no opioid claim in the previous 90 days.			
Long-Acting 30-day Quantity Limits by Generic (Brand Example)			
Fentanyl Patch (Duragesic®) 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr			10 units
Fentanyl Patch (Duragesic®) 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr			20 units
Hydromorphone (Exalgo®)			30 units
Hydrocodone (Zohydro ER®)			60 units
Hydrocodone (Hysingla ER®)			30 units
Methadone			45 units
Morphine (Avinza®)			30 units
Morphine (Kadian®)			30 units
Morphine (MS Contin®)			60 units
Morphine/Naltrexone (Embeda®)			60 units
Oxycodone (Oxycontin®)			60 units
Oxycodone (Xtampza ER®)			60 units
Oxymorphone (Opana ER®)			60 units
Tapentadol (Nucynta ER®)			60 units
Tramadol ER (Conzip®)			30 units

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REMS <https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm> 9/18/2018 updated - includes all opioid analgesics

Revision	Date
Added Apadaz Point-of-Sale edits to Criteria	October 2019
Added Liquid Opioid Quantity Limit	November 2019